

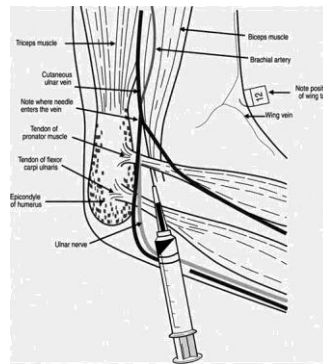
Important Update Regarding Salmonella Pullorum Typhoid Testing For Poultry Exhibitors Prior To Fairs

In years past, WSDA field veterinarians conducted Salmonella Pullorum Typhoid (PT) blood testing and Avian Influenza (AI) surveillance at select fairs. However, as of last year, WSDA veterinarians are only collecting swabs for Avian Influenza. As such, private practitioners may be called upon to assist with PT blood collection and testing. The specific requirements are as follows:

IN-STATE-POULTRY EXHIBITORS REQUIREMENTS

All chickens, exotic fowl, and game birds must test negative for Pullorum-Typhoid within 90 days prior to exhibition. Waterfowl, doves, and pigeons are exempt from this rule. Exhibitors are exempt from this rule if they are members of NPIP.

To test poultry for Salmonella Pullorum Typhoid, 1 ml of whole blood can be collected from the brachial vein (medial aspect of the wing) and placed in a small red top Vacutainer® tube. Other veins may be used as well, depending on the comfort level and experience of the practitioner.



1. Swab the venipuncture site with 70% alcohol and identify the vein between the bicep and triceps muscles.
2. A 3ml syringe with a 25g needle is commonly used to collect blood. In some instances, a TB syringe may be used. Chicken skin is very thin, and the needle should be inserted bevel up almost parallel to the vein. Small hematomas may form in the process, and it is important to apply pressure to the vein after collection to ensure bleeding has stopped.
3. When the blood is placed in the red top tube, label it with the sample number, species, owner last name, and date. Lay the tube on its side and allow the serum to form.
4. In the meantime, download and fill out the Accession Form For Avian Diagnostics found at <https://www.vetmed.wsu.edu/avian>. Complete the appropriate information, and select “Blood” under **Specimens Submitted** and “**S. pullorum typhoid**” **serology** under **Test Requested**. Reason for submission can be “PT testing required for exhibition at the fair” or something similar. Only ONE accession form per owner is necessary, as individual birds can be listed in the history section or on a separate piece of paper.

ACCESSION FORM FOR AVIAN DIAGNOSTICS
Avian Health and Food Safety Laboratory
Washington Animal Disease Diagnostic Laboratory
College of Veterinary Medicine, Washington State University
 Web Site: <https://www.wvmed.wsu.edu/avian>

Mailing and Shipping address:
 2607 West Pioneer
 Puyallup, WA 98371-4990
 Phone: 253-445-4537
 Fax: 253-445-4544
 E-Mail: waddah@vetmed.wsu.edu

Please type or use ink and print clearly.

Veterinarian:
 Clinic: _____ First time Submitter? ☐ Yes ☐ No
 Street address: _____ PO box or Mailing address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ E-mail: _____

Owner:
 Farm Name: _____ First time Submitter? ☐ Yes ☐ No
 Street address: _____ PO box or Mailing address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ E-Mail: _____

Billing: ☐ Owner ☐ Clinic ☐ 3rd Party (preapproval required) Please note: WADD policy is to bill the clinic if provided.

Please fill out appropriate section below as completely as possible.

Species	Breed	Sex	Age	Animal ID (name / band #)	Number Birds on Farm	Number Deaths in Last 3 Days	Number Deaths in Last 14 Days	Number Sick
Type of Feed					Vaccinations/Medications/Antibiotics		Duration of Problem	

Specimen(s) Submitted: _____ Date Collected: _____ Date Shipped: _____
 # of Birds _____ Live ☐ or Dead ☐ ☒ Blood ☐ Serum ☐ Swab ☐ Fluff ☐ Feces
 Dead Bird Shipping Instructions: Remove feather insulation with some soap and plenty of cold running water (do not rinse); package in an insulated box with icepacks; send overnight delivery. Avoid shipping close to a weekend.
☐ Dragswabs ☐ Tissue(s) _____
☐ Chickpaper ☐ Other: _____

TEST REQUESTED

<input type="checkbox"/> Necropsy (autopsy)	<input type="checkbox"/> Histology	<input type="checkbox"/> Toxicology
Serology (immunodiagnosics): <input type="checkbox"/> Avian Influenza (AI) <input checked="" type="checkbox"/> <i>S. pullorum</i> / typhoid <input type="checkbox"/> Mycoplasma gallisepticum (MG) <input type="checkbox"/> Mycoplasma synoviae (MS) <input type="checkbox"/> Newcastle (NDV or aPMV-1) <input type="checkbox"/> Infectious bronchitis (IB) <input type="checkbox"/> Infectious bursal disease (IBD) <input type="checkbox"/> Other: _____	Microbiology: <input type="checkbox"/> Bacteria isolation & id. <input type="checkbox"/> Salmonella isolation <input type="checkbox"/> FDA or NPIP <input type="checkbox"/> Parasite detection <input type="checkbox"/> Fungus isolation <input type="checkbox"/> Mycoplasma isolation <input type="checkbox"/> Virus isolation <input type="checkbox"/> Other: _____	Molecular (PCR): <input type="checkbox"/> Avian Influenza (AI) <input type="checkbox"/> Newcastle (NDV or aPMV-1) <input type="checkbox"/> Infectious laryngotracheitis (ILT) <input type="checkbox"/> Mycoplasma: MG & MS <input type="checkbox"/> Infectious bronchitis (IB) <input type="checkbox"/> Chicken Anemia virus (CAV) <input type="checkbox"/> Infectious bursal disease (IBD) <input type="checkbox"/> Sex determination <input type="checkbox"/> Chlamydia/psittaci <input type="checkbox"/> Pacheco's disease <input type="checkbox"/> Polyomavirus <input type="checkbox"/> Beak & Feather (PBFD) <input type="checkbox"/> Pigeon circovirus <input type="checkbox"/> Other: _____

HISTORY / REASON FOR SUBMISSION
 Describe clinical signs (e.g. respiratory, nervous, digestive, etc). Provide animal(s)/sample(s) ID's. Attach additional pages as necessary.
 F.T. TESTING REQUIRED FOR EXHIBITION AT THE FAIR

Submitter's Signature: _____ Date: _____ Condition(s) Suspected: *Myo. S. pullorum typhoid*

FORM-QA-8N/1

- The blood tubes should be individually wrapped in an absorbent material and placed in a Ziploc® bag. It is best to use an insulated shipping container with a small ice pack for overnight mailing (avoid placing the specimen directly on the ice pack to prevent freezing). Please contact the laboratory if you expect specimens to arrive outside of normal business hours Monday through Friday (please avoid this if possible).
- Place the samples and the accession form (in its own Ziploc® bag) into the shipping container and mail to:

Avian Health and Food Safety Laboratory
2607 West Pioneer
Puyallup, WA 98371

If there are any further questions, please contact your WSDA regional field veterinarian for assistance. A map and Animal Health Program contacts can be found at:

<https://agr.wa.gov/FoodAnimal/AnimalHealth/ContactUs.aspx>